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## Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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# Current Literature: Titles and Abstracts

Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophical content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Parenthetical editorial comment may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Murray, G.: The trend in medicine, (editorial), *Am. J. Surg.*, 103:155-156, Feb. 1962.

Modern medicine has made much progress, but the time has come for a critical appraisal of these advances and of their results. For example, should patients who have no hope of rehabilitation be submitted to extensive surgical procedures or painful medical therapy? "Death comes to all and if the individual's life span, regardless of the years, has reached [its] end . . . , should doctors, especially surgeons, mess up the final hours or days . . . ? . . . Humanely and tenderly selected, many patients of all ages might be saved from the fear and torture of modern medicine and surgery."

[Interestingly, this editorial is followed immediately by another (Beck, C. S.: Fatal heart attack. *Am. J. Surg.*, 103:157-158, Feb. 1962) recounting how heroic "extraordinary" measures, including open-chest cardiac massage, saved the life and productivity of a Cleveland physician.]

Dubost, M.: Données récentes sur l'ovulation, *Cahiers Laënnec*, 21:2-17, June 1961.

Several means have been devised and used in modern times to recognize the time of ovulation. Among these, the method developed by Ogino and Knaus is based mostly on statistics and tries to foretell the time of ovulation. This is its main weakness, since such a date cannot be predicted but merely calculated. Other means are: the examination of certain clinical symptoms such as the abdominal-pelvic pains which some women experience during their intermenstrual period, the vaginal fluid (frottis), the uterine mucus, the hormonal dosing, and the study of the electric potential of the abdomen and vagina. All these means are quite impractical, however, and are still in the experimental stage. Two other means have been devised which can be utilized by the patient herself. These are

the keeping of temperature records and the study of the cervical mucus. But we have to acknowledge that, in spite of all our efforts, we do not have as yet an accurate and practical way of finding out the time of ovulation.

The question of regulating ovulation is intimately connected with that of actually blocking it. In this matter attention should be given to the work of Pincus, Rock, Garcia, and their collaborators, as well as to the proposals of Professor Ferin of the University of Louvain. They all used progesterone in their experiments, with rabbits and then for women. The principal experiment carried out by the three doctors took place in Puerto Rico in 1958. They treated 26 women and studied a total of 1,857 cycles. The results were as follows: no medication, as far as the length of the cycle is concerned, provided the medication was faithfully taken from the fifth to the twenty-fourth day. Ovulation was totally stopped during the treatment. But it resumed as soon as the medication was discontinued. Other secondary effects were recorded such as tension, vomiting, pelvic pains, and so on. Some endometrial effects seemed to be due to the use of the drug. Likewise, there is a strong suspicion that it caused inhibition of the gonadotropic function of the hypophysis. True, the Puerto Rico experiment was intended as a contraceptive means; but this is beside the object of our study.

—R.J.

Altschule, M. D.: The right to die with dignity, *Med. Science*, 11:202-206, Feb. 10, 1962.

The use of extraordinary means to preserve life in a dying patient is not justified. However, symptomatic treatment to allay discomfort must be administered as long as the patient lives. "Dying patients have a right to die with comfort and dignity, and physicians must not violate this right. . . . It requires no special set of regulations, since good medical prac-

tice, by aiming at maximal relief of suffering — including mental anguish — in situations in which cure is impossible, secures the dying patient's right to the kind of death that he should have."

Luypaert, L.: Vie chrétienne et santé mentale, *Revue Diocésaine De Tournai*, 16:129-138, March 1961.

If physical health is important to and for the development of the Christian life then, *a fortiori*, mental health is important. There is a fundamental connection between Christian life and mental health that is seldom stressed. In order to love, whether it be simple human love, or supernatural love, the use of one's full liberty and the ability to give oneself completely is required.

Mental health consists in a psychological maturity which renders one capable of the gift of oneself. It consists in an interior harmony in which our tendencies are able to express and to incline towards the love of others. Finally, it involves the opening up of ourselves in our surroundings so that we may be capable of mutual love.

Christian holiness calls for and firmly needs mental equilibrium, because the more mental health one possesses, the more freedom one is able to exercise and, consequently, the more he will be able to give of himself in the Christian act of love.

—N.L.C.

Adelstein, H. M.: The abortion law, *Western Reserve Law Review*, 12:74-89, December 1960.

Although there is confusion and inconsistency in the field of "legal abortion," the prevailing view is that it is illegal unless to save the life of the mother. Six jurisdictions say unless to save her health. In the United States more recent leading cases show a moral liberal tendency which maintains that it is sufficient if the danger justifying abortion be "potential," present. It is not necessary for the doctor to believe that the death of the patient be otherwise certain.

The present law is frequently violated, and observance of it results in the death of both mother and fetus, when both might have been saved. Another outcome of the law is the perilous and uncertain position of the doctor. Many doctors fear prosecution, and are unsure of the protection the law affords them, so they will send "worthy" patients to known abortionists.

In principle there seems to be no solid reason why the justification for abortion should not be extended to cases in which pregnancy is to be terminated to prevent serious injury to the mother, even if it is not sufficient to affect the duration of her life. If therapeutic abortion is to become useful and generally applicable, the physician should be allowed to provide against a probable shortening of the expected span of life, and for this purpose to take into account psychological, family, and social factors.

The law disregards the following types of cases: rape, threat, fraud, feeble-mindedness of parents, transmissible disease, incest, inability to support another child, social disgrace, and an already dead fetus. Some of these considerations may and often do enter indirectly by causing the doctor to believe that it would be injurious to the mother to have the child.

Because of the likelihood of inheritance of a serious defect, or some disease contracted during pregnancy, doctors maintain that abortion prevents a psychosis for the mother and a life of misery for the child, as well as relieving society's burden.

It seems doubtful that there would be any strong moral opposition to aborting the fetus of a rape. The case for incest seems even stronger. Social and/or economic factors also deserve consideration.

The law has only succeeded in driving the problem into the hands of professional abortionists or causing women to try self-induced abortion. Apathy in enforcing the repressive legislation has even encouraged such practices.

The historical reason why Catholics oppose abortion is that it brings about death without baptism, and hence, damnation. There is, however, the principle of the double effect, which is used restrictively. Still, the criminal law is for all, believers and non-believers, and should be enacted with a view toward humanity as a whole and should not be governed by theological attitudes. Let any religious sect opposing abortion call it a sin and punish its own members, but worldly considerations should judge whether it is a crime. Catholics do not have to have abortions if they do not want to do so, but they should not impose their moral attitudes on the general public.

Some object that abortion is unjustified because of the bad physical and psychological effects but, although the operation

is undesirable in itself, it is a lesser evil in many circumstances. It is not the legislature's function to describe what is good for the patient. We are given liberty over our bodies, even the liberty to abuse them.

The argument that abortion would lead to underpopulation fails to see that then we would have to penalize contraception, emigration, and the unmarried state. The contention that a broader view would be condoning illicit intercourse and be an encouragement to promiscuity overlooks the rate of illicit sexuality in a society where contraceptives give reasonable assurance against the need for the unpleasant prospect of abortion. If this argument were valid, we would have to prohibit contraceptives and ban the cure of venereal disease, since fear of the disease checks promiscuity.

—F.E.K.

[It is immediately evident that the legislation proposed by Adelstein is at variance with natural law. The author misrepresents Catholic teaching on direct abortion when he alleges as our reason for opposing it that it brings about death without baptism and hence damnation. The first and essential evil of direct abortion is discernible rather in the conjunction of two absolute and immutable principles expressed in our *Directives*: §12) "The direct killing of any innocent person, even at his own request, is always morally wrong." §14) "Every unborn child must be regarded as a human person, with all the rights of a human person, from the moment of conception."]

Swenson, W. M.: Attitudes toward death in an aged population, *Journal of Gerontology*, 16:49-52, January 1961.

It is apparent that attitudes towards death can be measured by a structural psychometric device. It is also apparent that the aged person does not often admit to a fear of death. In fact, either he looks forward to death or tends to be evasive in his contemplation of the experience of death.

Religion apparently plays a very significant role in the aged person's attitude toward death. Since a large percentage of persons interrogated in this investigation identified themselves with some form of the Christian religion, it seems logical to infer that the eschatologically oriented person contemplates death in a positive manner.

People in homes for the aged look forward to death much more than those

living outside of institutions. The data suggested that solitary existence in old age is somewhat associated with a fearful contemplation of the experience of death.

The relationship between education and attitudes toward death is difficult to interpret. It seems to be considered mostly by those persons of above-average intelligence.

—C.L.F.

(Editorial): The unhappy physician, *Massachusetts Physician*, 20:12, January 1962.

The physician must realistically face unhappiness in the world. "As a philosopher, he cannot always or even usually preach the pursuit of happiness. . . . Teleologically, he is more mature if he counsels some unhappiness. . . . He can he shun euthanasia, refuse to be an abortionist, or withhold drugs from an addict? . . . The job is to help patients face some unhappiness."

Fuchs, J. (S.J.): Nota de alguns usos recorrentes da esterilização terapêutica, *Periodica De Re Morali*, 31:38, 1961.

Progesterone pills stop ovulation temporarily but also have other equally immediate effects. May a woman who for serious reasons thinks she must not conceive another child and who cannot abstain from the marriage act without incurring intolerable and serious psychic disorders, use the progesterone pills prescribed by her doctor in order to induce temporary sterility, thus enabling her to perform the marriage act without fear of conception?

Since direct sterilization is always immoral, whether it is temporary or permanent, this case would constitute an organic use of marriage. The couple would be guilty of an abuse of matrimony and the doctor of inducing and cooperating in an illicit act. The pills, however, may be used to achieve other therapeutic effects licitly, e.g., the cure of various diseases of the womb, even though the accompanying immediate effect would be temporary sterility, which would not be intended but merely permitted.

—D.A.B.

Dorge, P.: Responsabilité du médecin, *Cahiers Laënnec*, 21:33-37, April 1961.

Because of the rapid development of therapeutics, the medical profession has reduced the risks of spontaneous abortion, countered the threats in premature

birth, combated successfully infant mortality, and in certain cases even attacked the problem of conjugal sterility with some degree of success. But the medical profession has not assumed its full responsibility in guiding married couples in the reasonable spacing of their children. This is the great responsibility facing the medical profession today. It is necessary to say that the married couple have the right to obtain the necessary information for the solving of this problem.

It is evident that in the remote preparation for marriage, the spouses should have some knowledge of the facts and method of rhythm. However, character formation, positive sexual instruction, understanding of true human love are not the exclusive preserve of the doctor. Most certainly, it is not easy for a doctor to find time, by prolonging a medical consultation, to give indispensable advice in preparing a woman before marriage to understand her cycle, and yet this is precisely the time when such preparation ought to be made. Here is where the doctor assumes his rightful responsibility.

Also at the time of the first delivery this education must be continued or completed by the doctor. This means a consultation with the woman, and if possible with her husband.

The doctor's function is to inform. He ought to avoid the attitude of many doctors who, at the time of the last visit after a delivery, leave with the words, "Now wait a couple of years before having another child."

In the framework of consultations or visits, the total problem ought to be discussed, temperature charts commented on or explained, physiological signs which indicate the period of ovulation explained. The Christian doctor ought also to explain the incongruences of immoral means from the psychological point of view. The Christian doctor cannot give the impression, either by silence or by his attitude, that he approves of immoral means of birth prevention. He must be sympathetic, and he cannot moralize; yet this does not prevent him from assuming his responsibility of giving sound and accepted advice to those who confide in him.

—P.F.B.

Di Cristina, H. E. (S.J.): God or man in birth control? *The Priest*, 17:331-335, April 1961.

The world population problem seems to provide an argument to non-Catholics

in favor of artificial contraception. Our non-Catholic friends rightly maintain that God requires the intelligent cooperation of men in the planning of a reasonable rate of reproduction. In this planning, however, the non-Catholic instead of being a co-worker in the reproductive process, wishes to take executive control by artificial means and himself decide when God is to cooperate.

In our modern age with its population explosion, God's providence has designed that science discover quite accurately that conception can occur only during the twenty-four hour period after ovulation, and that sperm survive not more than forty-eight hours, leaving only three days of every menstrual cycle as a fertile period. Consequently, any marital union during this fertile period is intimately involved in God's creative work. If there still exists a certain amount of uncertainty in the reproductive process, it is not man's function to be executive and decide when God should or should not act, but rather that man depend on God's providence. —G.E.S.

Potvin, R. H.: Human fertility and the common good, *The American Ecclesiastical Review*, 144:217-230, April 1961.

Man is a troubling paradox. His vision and his destiny span and soar far above the things of this earth, but he remains bound by that order created for him. He is a whole and yet a part. He surpasses society while being subject to it; the common good exists for him though he must serve it. One of man's greatest responsibilities is the propagation of the human race; one of his noblest acts is the procreation of his children. It is noble because it is rational and responsible. Man is incapable of fulfilling his destiny and guaranteeing that of his progeny unless he strives to maintain a socio-economic order which will serve the vision of his own greatness. If it does not, that order must be changed, for only then will his fullness be realized.

It must be changed, not with dreams or wishful thinking, but through study and manipulation of the socio-economic laws which make society the reality it is. More and more, scientists are discovering the dynamic interplay between population growth and economic growth. In certain areas of the earth, population pressures are mounting and resources are not available. The more fortunate must help, a more equitable distribution

of the goods of the world must be effected, but the efficiency of all relief measures is closely related to the rate of population growth. If science can pinpoint more accurately the nature of this dynamism, then men in those areas have no moral alternative but to take it into account.

Reduction of fertility cannot of itself solve the urgent problems of impoverished lands. In this, many of the neo-malthusians are in error. But in some circumstances it can help to increase the efficiency of constructive measures which otherwise might be doomed to failure. To that extent it is conceivable that man has an obligation to limit births in accordance with the laws of God and of nature, so that the socio-economic order can speedily be reorganized and function for the greater perfection of man himself and of his children. —J.P.S.

THE FOLLOWING are additional items of interest:

Groner, J. F. (O. P.): Zur Lebrentwicklung über die moralische Qualifizierung der Trunkenheit bei Thomas von Aquin, *Freiburger Ztschr. f. Phil. u. Theol.*, 7:284-296, 1961. (St. Thomas Aquinas on drunkenness.)

Connell, F. J. (C.S.S.R.): Drugs for athletes, *Am. Eccl. Rev.*, 144:136-137, February 1961.

Connell, F. J. (C.S.S.R.): Moral problems of plastic surgery, *Am. Eccl. Rev.*, 144:274-277, April 1961. (The morality of augmentation mammoplasty.)

Geraghty, S. (S.J.): Etica en la experimentación médica, *Estudios*, 50:180-185, May 1961.

Bosio, G. (S.J.): A proposito dell'esperimento di Bologna, *Civiltà cattolica*, 112:268-275, Feb. 4, 1961 (Comment on the Petrucci experiment.)

Madden, J. (Rev.): Oral contraceptives and family limitation, *Australasian Catholic Record*,

Crotty, N. (C.P.), The moral issues in hormonal control of fertility, *Australasian Catholic Record*, 38:102-113, April 1961.

—: The physician and the religion of his patient, *Nicaragua Med.*, 17:139-144, May-June 1961. (in Spanish.)

Kelley, M. W.: Depression in the psychoses of members of religious communities of women, *Am. J. Psychiat.*, 118:423-425, November 1961.

Knight, J. A.: A study of religious beliefs and attitudes of senior medical students, *J. Med. Educ.*, 36:1557-1564, November 1961.

Ekblad, M.: The prognosis after sterilization on social-psychiatric grounds; a follow-up study of 225 women, *Acta Psych. Scand.*, Suppl. 161, v. 37, 1961. (162 pp.)

Rhodes, P.: Evolution and human reproduction, *Lancet*, 1:389-395, Feb. 24, 1962. (The Bartholomew Moore memorial lecture delivered at the St. Andrew's Hospital, Dublin, on Nov. 3, 1961.)

Reeves, R. B., Jr.: Protestant views on cosmetic surgery, *Eye Ear Nose Throat Monthly*, 40:856-858, December 1961.

Fernan Perez, J.: St. Juliana, guardian of sterile women, *Tokoginec Pract.*, 20:398-402, 1961. (in Spanish)

Guttmacher, Alan F. (with Winifred Best and Frederick S. Jaffe): *The Complete Book of Birth Control*. 150 pages. Paperback. New York: E. Plantine Books, 1961. \$0.50.

White, L. G.: Busulfan in pregnancy, *J.A.M.A.*, 179:973-974, March 24, 1962. (Busulfan was administered throughout pregnancy to a patient with leukemia. There were no serious abnormalities in the child to age 3½ years.)

Knight, J. A.: Why do we prolong the act of dying?, *New Medical Materia*, 4:38, February 1962.

Guttmacher, A. F.: Abortion laws make hypocrites of all of us, *New Medical Materia*, 4:56-57, February 1962.

Tuchler, M. I.: Why laws are needed to protect privileged communication, *New Medical Materia*, 4:19, February 1962.

Sauvy, Alfred: *Fertility and Survival: Population Problems from Malthus to Mao Tse-Tung*. 230 pages. Criterion Books, 1962. \$7.50. (Reviewed in *America*, 106:603, Feb. 3, 1962.)

(Editorial): The progenitor of the cellular theory, *J.A.M.A.*, 179:650-651, Feb. 24, 1962. (Biographical notes on "the pious Theodor Schwann," Jesuit-trained biologist whose studies form the basis for much of modern medicine.)

Niedermeyer, Albert: *Compendium of Pastoral Medicine*. (Translated from the German by Rev. F. Buonanno, O.F.M.) B. Herder Book Co. Ltd. 1961 56/

Crehan, J. H. (S.J.): The ethics of brainwashing, *Catholic Med. Quart.*, 14:6-10, January 1962.

Webb, B. (O.S.B.): Catholics and family planning, *Catholic Med. Quart.*, 14:16-18, January 1962.

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#### CORRECTION, PLEASE!

We erred in quoting the prices for copies of Suggested Reading Guides for the Parents of Retarded Children, included in the article "Counseling Parents of Retarded Children" appearing in the May issue of THE LINACRE QUARTERLY.

This reading list can be obtained from:

Christian Character Study  
Liguorian Publication Center  
Liguori, Missouri

Prices:	
Single copy	10c
12 copies	\$1.00
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